

SMG Dispensary Patient Welcome Packet

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Welcome to SMG Dispensary:

SMG Dispensary understands that your medical needs may be difficult to manage. Our staff is dedicated to working with you, your doctors and nurses, and your family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care. We look forward to providing you with the best service possible. We know that you have many options and we sincerely thank you for choosing SMG Dispensary.

You Can Expect:

- ① **Personalized Care and Regular Follow-Ups:** Our specialty trained staff members will work with you to discuss your treatment plan and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.
- ② **Benefits:** There may be instances where you are prescribed a medication that your insurance plan may not cover. We will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered, or applying valid manufacturer discounts.
- ③ **Patient Management Program:** When you are willing to follow the treatment plan determined by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.
- ④ **Consultation Services**
- ⑤ **Refill Reminder Calls**
- ⑥ **Prescription Transfer** if SMG Dispensary cannot fulfill the prescription
- ⑦ **24/7 Support**
- ⑧ **Free FedEx/UPS/Courier Delivery** of your medication upon request

Dispensary Location	Contact Information	Hours of Operation
150 Park Ave Florham Park, NJ 07932	Phone: 973-404-9808 Fax: 973-660-1824	Monday to Friday 8:00 AM to 4:30 PM

Important Information

Contact Us When/If...

- You have any questions or concerns about your medication.
- You suspect an allergy or reaction to your medication.
- You would like to start taking a vitamin/supplement or any over the counter medication.
- A change has occurred in your medication use.
- Your contact information or delivery address has changed.
- Your insurance information or payment source has changed.

Prescription Transfers

- If you feel that SMG Dispensary is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. We request a phone call from you to inform us where you would like your prescription transferred to.
- If SMG Dispensary can no longer service your medication, we will transfer your prescription to another pharmacy. We will inform you of this transfer of care prior to transferring the prescription.

Adverse Drug Reactions

- If you are experiencing any adverse effects to your medication, please contact your doctor or SMG Dispensary as soon as possible.

Drug Substitution Protocols

- From time to time, it is necessary to substitute generic drugs for brand name drugs. This may occur if your insurance company prefers the generic to be dispensed or to reduce your copay.

Payment Policy

- Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual out-of-pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

- SMG Dispensary will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Copayments

- You may be required to pay a part of your medication cost called co-payment. If you have a co-payment, it must be paid at the time of pick-up or shipping. We accept Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secure environment, if you wish.

Financial Assistance

- We have access to financial assistance programs to help with co-payments and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs.

Drug Recalls

- If your medication is recalled, SMG Dispensary will contact you with further instructions, as directed by the FDA or drug manufacturer.

Proper Disposal of Unused Medications

- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:
 - www.fda.gov/consumers/consumer-updates
 - www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines

Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a sharps container.
- Contact local waste pickup services for their policy on sharps container pickup. You can also check the following websites for additional information:
 - www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers
 - www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps
 - www.safeneedledisposal.org

Emergency Disaster Information

- In the event of a disaster in your area, please contact SMG Dispensary to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

Concerns or Suspected Errors

- Patients and caregivers have the right to voice complaints and/or recommendations on services to the SMG Dispensary. Patients and caregivers can do so by phone, fax, in writing, or by email.
- The following organizations are available to contact anytime you feel your complaint was not resolved by SMG Dispensary:
 - **New Jersey State Board of Medical Examiners**
 - Website: <https://www.njconsumeraffairs.gov/bme>
 - Phone Number: 609-826-7100
 - **ACHC Complaint Information**
 - Website: achc.org/contact/
 - For further information, you may contact ACHC toll-free at 855-937-2242 or 919-785-1214 and request the Complaints Department

**For Additional Information Regarding Your Condition or Diagnosis,
You Can Visit the Following Websites:**

Condition	Foundation	Website
HIV	National Institutes of Health	aidsinfo.nih.gov
Oncology	American Cancer Society	cancer.org/cancer.html
	Chemocare	chemocare.com
Transplant	UNOS	unos.org/transplant
	National Kidney Foundation	transplantliving.org kidney.org

Emergency & Disaster Preparedness Plan

SMG Dispensary has a comprehensive emergency preparedness plan in case a disaster occurs.

Disasters may include, but are not limited to, fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs.

SMG Dispensary will contact you prior to any inclement weather or a threat of disaster the city may encounter. However, it is your responsibility to contact SMG Dispensary prior to any occurrences that may be a threat of disaster or inclement weather in an area you reside in, which may be outside of the SMG Dispensary area (if permissible). This process will ensure you have enough medication to sustain you.

SMG Dispensary will utilize every resource available to continue to service you. However, there may be circumstances where SMG Dispensary cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility.

Please read the guide below to aid you in case of an emergency or disaster:

- ① SMG Dispensary will call you 3-5 days before any predicted inclement weather emergency such as a severe snowstorm or hurricane utilizing the weather updates as point of reference.
- ② SMG Dispensary will send your medication via courier or FedEx/UPS next day delivery during any suspected inclement weather emergencies.
- ③ If SMG Dispensary cannot get your medication to you before an inclement weather emergency occurrence, SMG Dispensary will transfer your medication to a local specialty pharmacy, so you do not go without medication.
- ④ If a local disaster occurs and SMG Dispensary cannot reach you or you cannot reach SMG Dispensary, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you miss a dose.
- ⑤ SMG Dispensary recommends all patients leave a secondary emergency number. If you have an emergency that is not environmental but personal and you need your medication, please contact SMG Dispensary at your convenience and we will aid you.

Washing Your Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food.
- Before eating food.
- Before and after caring for someone at home who is sick with vomiting or diarrhea.
- Before and after treating a cut or wound.
- After using the toilet.
- After changing diapers or cleaning up a child who has used the toilet.
- After blowing your nose, coughing, or sneezing.
- After touching an animal, animal feed, or animal waste.
- After handling pet food or pet treats.
- After touching garbage.

Follow Five Steps to Wash Your Hands the Right Way

- Washing your hands is easy, and it is one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community from your home and workplace to childcare facilities and hospitals.
- Follow these steps every time:
 1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
 2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
 4. **Rinse** your hands well under clean, running water.
 5. **Dry** your hands using a clean towel or air dry them.

Use Hand Sanitizer When You Can’t Use Soap and Water

- Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.
- Sanitizers can quickly reduce the number of germs on hands in many situations.
- Sanitizers do **not** get rid of all types of germs. Hand sanitizers may not be as effective when hands are visibly dirty or greasy. Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer:

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medications

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication that were prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully.
- Know the side effects of the medication you are taking.
- Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

Smell Gas?

- Open windows and doors immediately.
- Shut off appliance(s) involved.
- Do not use matches or turn on electrical switches.
- Do not use the telephone - dialing may create electrical sparks.
- Do not light candles.
- Call your Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

- Pre-plan and practice your fire escape. Look for a plan with at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located.
- Do not use the elevator in a fire emergency. You may notify the fire department ahead of time, if you have a disability or special needs.
- Here are some steps to prevent fires:
 - Install smoke detectors. They are your best early warning. Test frequently and change the battery every year (or as needed).
 - If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
 - Throw away old newspapers, magazines and boxes.
 - Empty waste baskets and trash cans regularly.
 - Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet.
 - Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from areas where sparks could hit them.
 - Be careful when using space heaters.
 - Follow instructions when using a heating pad to avoid serious burns.
 - Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
 - Keep a fire extinguisher in your home and know how to use it.
 - If you have a fire or suspect fire:
 - Take immediate action per plan, escape is your top priority.
 - Get help on the way with no delay. CALL 9-1-1.
 - If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

Slips and/or Falls

- Slip and falls are the most common and often the most serious accidents in the home.
- Here are some things you can do to prevent them in your home.
 - Arrange furniture to avoid an obstacle course.
 - Install handrails on all stairs, showers, bathtubs, and toilets.
 - Keep stairs clear and well lit.
 - Place rubber mats or grids in showers and bathtubs.
 - Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
 - Wipe up all spilled water, oil or grease immediately.
 - Pick up and keep surprises out from under your feet, including electrical cords and rugs.
 - Keep drawers and cabinets closed.
 - Install good lighting.

Mobility Items

- When using mobility items to get around such as canes, walkers, wheelchairs, or crutches you should use extra care to prevent slips and falls.
- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Lifting

- If it is too big, too heavy or too awkward to move alone, Get Help. Here are some things you can do to prevent low back pain or injury:
 - Stand close to the load with your feet apart for good balance.
 - Bend your knees and “straddle” the load.
 - Keep your back as straight as possible while you lift and carry the load.
 - Avoid twisting your body when carrying a load.
 - Plan ahead, clear your way.

Electrical Accidents

- Watch for early warning signs, overheating, a burning smell or sparks. Unplug the appliance and get it checked right away.
- Here are some things you can do to prevent electrical accidents:
 - Keep cords and electrical appliances away from any water or leaks.
 - Do not plug cords under rugs, through doorways or near heaters.
 - Check cords for damage before use.
 - Extension cords must have a large enough wire for larger appliances.
 - If you have a broken plug outlet or wire, get it fixed immediately.
 - Use a grounded 3-wire plug to prevent shock in case of electrical fault.
 - Do not overload outlets with too many plugs.
 - Use three-prong adapters when necessary.

PATIENT RIGHTS & RESPONSIBILITIES

Summit Health is committed to providing you with the highest quality medical care. Summit Health providers and employees are dedicated to helping you achieve and maintain your health goals in a safe, respectful, caring, and supportive environment. We encourage you to speak openly with your health care providers and to be involved in your health care. We recognize that patients have basic rights and we are committed to honoring those rights. At the same time, we also expect responsible behavior from our patients.

PATIENT RIGHTS

- YOU HAVE THE RIGHT to receive considerate, respectful, and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities. Summit Health does not discriminate on the basis of race, color, national origin, age, disability, or sex. Summit Health does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity or expression.
- YOU HAVE THE RIGHT to receive care in a safe environment free from all forms of abuse or mistreatment.
- YOU HAVE THE RIGHT to know the names and titles of the individuals involved in your care.
- YOU HAVE THE RIGHT to receive the information necessary to participate in decisions about your care and to be told by your physician about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment. You have the right to give written informed consent before any non-emergency procedure is performed.
- YOU HAVE THE RIGHT to refuse treatment, to the extent permitted by law, and to be informed of the consequences of making this decision.
- YOU HAVE THE RIGHT to obtain a second medical opinion prior to consenting to any non-emergency procedure.
- YOU HAVE THE RIGHT to communication that you can understand. Summit Health will provide services to patients with disabilities, such as: sign language interpreters and/or foreign language interpreters at no cost; written information in other formats and languages. If you believe that Summit Health has failed to provide these services, please file a grievance with the Patient Relations Department at 908-977-9499 or wecare@summithealth.com. You can also file a complaint with the US Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal (<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>) or by mail or phone at: US Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201; 1-800-368-1019, 800-537-7697 (TDD).
- YOU HAVE THE RIGHT to expect that your personal privacy will be respected and protected by all individuals involved in your care.

- YOU HAVE THE RIGHT to expect that all communication and records about your care are kept confidential and not disclosed unless permitted by law. You have the right to see and get a copy of your medical records.
- YOU HAVE THE RIGHT to request that a chaperone be present during your exams.
- YOU HAVE THE RIGHT to a complete and thorough examination by the health care provider, including an appropriate assessment and effective pain management.
- YOU HAVE THE RIGHT to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.
- YOU HAVE THE RIGHT to ask and receive an explanation and detailed information about your Summit Health charges.
- YOU HAVE THE RIGHT to voice your concerns about the care you receive. If you have an issue, concern, or complaint, you may discuss with your health care provider. You may also contact the Patient Relations Department at 908-977-9499 or wecare@summithealth.com

PATIENT RESPONSIBILITIES

- YOU ARE EXPECTED to provide complete and accurate information, including your full name, address, home telephone number, date of birth, and insurance information. You are also expected to provide photo identification and your insurance card.
- YOU ARE EXPECTED to provide complete and accurate information about your health and medical history, including present medical condition, past medical history, medicines, vitamins, herbal products, and any other matters that pertain to your health.
- YOU ARE RESPONSIBLE for asking questions if you do not understand the explanation of your diagnosis, treatment, prognosis, or any instructions.
- YOU ARE EXPECTED to follow instructions concerning medications, follow-up visits, patient education, and to notify your health care provider if your treatment plan cannot be followed. You are responsible for outcomes if you do not follow the care and treatment plan.
- YOU ARE RESPONSIBLE for arriving as scheduled for appointments and to notify Summit Health in advance in case you need to cancel an appointment.
- YOU ARE RESPONSIBLE for any charges that are billed to you as a result of receiving services at Summit Health.
- YOU ARE RESPONSIBLE for respecting other persons' privacy. This includes not videotaping, photographing, or otherwise recording Summit Health healthcare providers, employees, or other patients without their permission. Health care providers and Summit Health employees reserve the right to prohibit photography or videotaping any time they believe it creates an interference or is inappropriate.
- YOU ARE RESPONSIBLE for following all applicable Summit Health patient policies, rules, and regulations. If you would like information on any particular policy, please contact Patient Relations.
- YOU ARE RESPONSIBLE for being considerate and respectful of the rights of other patients and health care providers.

MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS

You **have the right to get a written explanation** from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You **also have the right to ask** your Medicare drug plan **for an exception** if:

- You believe you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;" or
- You believe you should get a drug you need at a lower cost-sharing amount.

What you need to do:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
 1. The prescription drug(s) that you believe you need.
 2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
 3. The date you were told that the prescription drug(s) is not covered.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. The time required to distribute this information collection once it has been completed is one minute per response, including the time to select the preprinted form, and hand it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

No. CMS-10147



**SUMMARY
OF THE
NOTICE OF PRIVACY PRACTICES**

Effective Date: March 2013

Revised: February 2026

WHAT IS THIS NOTICE FOR? This Notice of Privacy Practices (Notice) describes how Summit Medical Group, PA; Summit Medical Group, PA dba Summit Health; Summit Medical Group, PA dba New Jersey Urology; Westchester Medical Group, PLLC; Bend Memorial Clinic, P.C. dba Summit Health; and Westchester Urgent Care, PLLC, (collectively, "Summit Health") may use and disclose your medical information that we maintain and how you can get access to this information. Please review it carefully.

WHO ARE WE? Summit Health is a multi-specialty physician practice which consists of all physicians, nurses, employees, and other healthcare professionals. This Notice applies to all services that are provided to you at Summit Health.

WHY DO YOU NEED THIS NOTICE? The Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, places certain obligations upon us in regards with how we may use and disclose your protected health information (PHI). Your PHI includes medical information about you such as your medical record and the care and services you have received. We are committed to maintaining the privacy of your PHI. When we need to use or disclose it, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the minimum amount of data necessary to respond to the need or request.

WHEN CAN WE USE/DISCLOSE YOUR PHI? There are certain uses and disclosures of your PHI that we may undertake without your written or other authorization. These uses and disclosures may be for purposes such as to provide you with treatment, obtain payment for services we have provided, and other health care operations (such as administration, quality improvement, cost studies and other activities designed to improve the care we provide to all our patients). Individuals who may have access to your information without your written or other authorization may include doctors, nurses, other Summit Health staff, health care students, and other similarly qualified individuals involved in your care. Some other examples include PHI made known to your relatives, close friends, or caregivers, public health activities and officials, reporting of abuse or neglect as may be required by law, health oversight activities, judicial and administrative proceedings, law enforcement officials, workers' compensation, and other individuals and activities as set forth in this Notice.

WE MUST OBTAIN YOUR WRITTEN AUTHORIZATION FOR ANY USE OR DISCLOSURE NOT SET FORTH IN THIS NOTICE. You may revoke this authorization AT ANY TIME. In addition to obtaining your written authorization for uses or disclosures not described in this Notice, we generally will need to seek your written authorization prior to disclosing the following information:

- HIV/AIDS related information
- Sexually transmitted disease information
- Tuberculosis information
- Psychotherapy notes
- Mental health information
- Drug & alcohol information
- Genetic information
- Any information where you, if a minor, sought emancipated treatment (e.g., care related to your pregnancy or child, sexually transmitted diseases, etc.)

In addition to the privacy protections of the HIPAA Rules and the rights provided as described in this Notice, the confidentiality of substance use disorder records are protected by another federal law referred to as Part 2. If you receive services from our Part 2 program for substance, use disorder, certain records related to those services ("Part 2 Records") are protected by additional federal law. We will obtain your written consent to use and disclose your Part 2 records unless we are permitted to use and disclose such records without your written consent by Part 2.

We will also seek your written authorization for any "marketing" activities we may conduct or where we would receive money for providing a third party with your PHI.

WHAT RIGHTS DO YOU HAVE FOR YOUR PHI? You have the right to ask us to limit certain uses and disclosures of your PHI. We will consider ALL requests but may not be *required* to agree to your requested limitations (except as otherwise set forth in further detail in the Notice of Privacy Practices). You also have the right to inspect and receive (for a reasonable, cost-based fee) copies of your PHI, the right to request a change or amendment be made to your PHI, the right to be notified of a breach of your unsecured PHI, the right to an accounting (a list) of certain disclosures of your PHI, and the right to revoke any authorization you may have made to the extent we have not yet relied upon it. You also have the right to receive a paper copy of this Notice at any time.

CAN WE CHANGE THIS NOTICE? We may change this Notice at any time. The revised Notice will apply to all PHI that we maintain. However, if we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice. This Notice will be on our website as well at <https://www.summithealth.com/privacy-nondiscrimination>. You may obtain the new Notice in hard copy as well from our Privacy Officer, who can be reached at 908-274-2008.

ADDITIONAL INFORMATION/COMPLAINTS. You may contact our Privacy Officer if you wish any additional information or have questions concerning this Notice or your PHI. If you feel that your privacy rights have been violated, you may also contact the Privacy Officer at the contact information provided below, our Legal Department OR file a written complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services. We will NOT retaliate against you if you file a complaint with us or the Office for Civil Rights.

THE ABOVE IS ONLY A SUMMARY OF THE RIGHTS AND OBLIGATIONS WITHIN THIS NOTICE.
PLEASE READ CAREFULLY THE ENTIRE NOTICE THAT FOLLOWS.
WE WELCOME ANY QUESTIONS YOU MAY HAVE.